

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	A3 FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1	1						51			
2		1					52			
3		1					53			
4							54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	6						TOTAL DEP.			
TOTAL CLAIMS	01						TOTAL CLAIMS			